No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 8 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Lemmon

State File No. 41402

Primary Registration District No. 2000

Registrar's No. 137

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days)
In this community: 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 1037 Stanford
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Sallie W. Jones
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Chas. C. Jones
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: Dec. (Month) 8 (Day) 1869 (Year)

8. AGE: Years 78 | Months 0 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace: Taney County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Home
11. Industry or business:

MOTHER
12. Name: ~~Unknown~~ Mitchell Glenn
Birthplace: ~~Unknown~~ (City, town, or county) Unknown (State or foreign country)
14. Maiden name: ~~Lucy E. Glenn~~ White
15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Lucy M. Jones
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Jones Cemetery
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 12-30-47 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 29 year: 1947 hour: 6 minute: a. M.

21. I hereby certify that I attended the deceased from Dec. 24, 1947 19..., to 12/29/47, 19...; that I last saw her alive on 12/28/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	10 da.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: J. B. Lemmon (M. D. or other) M.D.
Address: Springfield, Mo. Date signed: 12/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6781
1942

APR 28 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri } ss.
County of Greene }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 1137

On this 10 day of April, 1951, before me appears Carolyn L. Hunter, who, upon her oath, states that the original record of ~~birth~~ death for Sallie W. Jones, ~~born~~ died Dec. 29, 1947, 19, in the State of Missouri, and which was filed at Springfield, Mo. on Dec. 29, 19 47, should be corrected as follows:

Item No. 13a should read Mitchell Glenn
Instead of Unknown

Item No. 13b should read Lucy White
Instead of Lucy Glenn

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Carolyn L. Hunter Daughter
Relationship.
1037 Stanford
Springfield, Mo.
Present Address.

Subscribed and sworn to before me this 10 day of April, 194 51

MY COMMISSION EXPIRES JULY 14, 1951.

My Commission expires Walt E Hamilton Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
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